

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1.

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U. S. Attorney's Office
 Attn: Civil Process Clerk
 P. O. Box 197
 Montgomery, AL 36101-0197

06445 pvt

2. Article Number
 (Transfer from service label)

7005 1820 0002 3461 4414

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

Nancy Larn

C. Date of Delivery

6/21/06

D. Is delivery address different from item 1?

Yes
 No

If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540